

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
GOBBLE, TIMOTHY A

A.

Full Name (Last, First, Middle Initial)  
Melissa Word

Mailing Address 2025 Tomahawk Circle

City Cleveland State TN Zip Code 37312

Purpose of Disbursement  
Refund General Election ContributionCandidate Name  
GOBBLE, TIMOTHY AOffice Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB20A.5619

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

Amount of Each Disbursement this Period

2400.00

SUBTOTAL of Disbursements This Page (optional) .....

2400.00

TOTAL This Period (last page this line number only) .....

6200.00